INCOME QUESTIONNAIRE

Name and Address of Household:				
	ment counts as income in any household members the particular type of its Title 18 of the U.S. Co	n determiner gets it. Vincome. ode makes	ing eligibility for federal housing a	ssistance. Check Check NO only if
1. Employment Income		4. Alimony and/or Child Support		
(This doesn't include employment income of children younger than 18 or live-in aides)		(This	includes adoption assistance payments)	☐ Yes ☐ No
Wages	\square Yes \square No	5.	, ,	
Salaries	\square Yes \square No		household assets.	
Overtime Pay	\square Yes \square No		rest from bank accounts or bonds	\square Yes \square No
Commissions	\square Yes \square No	Divi	dends from stocks or mutual funds	\square Yes \square No
Fees	\square Yes \square No	Mon	ey from renting household assets	\square Yes \square No
Tips	\square Yes \square No	Any	other interest, dividends, or rent	\square Yes \square No
Bonuses	\square Yes \square No			
Any other amounts adult household members earn from		6.	Lottery Winnings paid in Periodi	•
working for other people or from their	ir own business			\square Yes \square No
	\square Yes \square No	7.	Money or gifts regularly given by	persons not living
2. Benefit Payments (This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Secruity or Supplemental Security Income)		of the child	in the unit (This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include returning amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a	
Social Security	☐ Yes ☐ No		curring basis)	☐ Yes ☐ No
Supplemental Security Income (SSI)	\square Yes \square No	1101110	uning ousesy	L 103 L 110
Workers' compensation	\square Yes \square No	8.	Any other Source of Income?	\square Yes \square No
Disability pay or benefits	\square Yes \square No	If Y	ES, please specify:	
Severance pay	\square Yes \square No			
Annuities	\square Yes \square No			
Insurance policy/payments	\square Yes \square No			
Pensions	\square Yes \square No			
Retirement fund benefits	\square Yes \square No			
Death benefits Any other benefit payments (e.g., Veterans' da black lung sick benefits, dependent indemnity compe				
	\square Yes \square No			
3. Welfare Assistance (This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.) \[\sum \text{Yes} \sum \text{No} \]				
I hereby certify that all of the above in	nformation is true and co	orrect to tl	ne best of my knowledge:	
Signature of Head of Household)	